

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

MALIK L. BROWN

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

see attached.
-against-

STEPHEN URBANSKI

ISSA YUNES

JOSEPH DEACON

MARK DELBIANCO

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

COMPLAINT

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

MALIK L BROWN
 First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

16A1000

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

MIDSTATE CORRECTIONAL FACILITY
 Current Place of Detention

P.O. Box 2500
 Institutional Address

MARCY, NEW YORK 13403
 County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced prisoner

☐ Other: _____

Defendant 5: SHARON FROSTFIRST NAME LAST NAMEDEPUTY Supt. OF ADMINISTRATIONCURRENT JOB DESCRIPTIONF.C.F. 271 Matteawan Rd. P.O. Box 1245CURRENT WORK ADDRESSBeacon NY 12508COUNTY STATE ZIP CODEDefendant 6: EMILY WILLIAMSFIRST NAME LAST NAMEFIRST DEPUTY Supt CORRCURRENT JOB DESCRIPTIONF.C.F. 271 Matteawan Rd. P.O. Box 1245CURRENT WORK ADDRESSBeacon NY 12508COUNTY STATE ZIP CODEDefendant 7: ALEXANDER MINARDFIRST NAME LAST NAMECORRECTIONAL OFFICERCURRENT JOB DESCRIPTIONF.C.F. 271 Matteawan Rd. P.O. Box 1245CURRENT WORK ADDRESSBeacon NY 12508COUNTY STATE ZIP CODEDefendant 8: BRENDAN WALSHFIRST NAME LAST NAMECORRECTIONAL OFFICERCURRENT JOB DESCRIPTIONF.C.F. 271 Matteawan Rd. P.O. Box 1245CURRENT WORK ADDRESSBeacon NY 12508COUNTY STATE ZIP CODE

Defendant 9: DANIELLE CEBRON
FIRST NAME LAST NAME
NURSE at F.C.F

CURRENT Job description
F.C.F. 271 Matteawan Rd, P.O. Box 1245
CURRENT work Address
Beacon, NY 12508
COUNTY STATE ZIP CODE

Defendant 10: ANTHONY ANNUCCI
FIRST NAME LAST NAME
Acting Commissioner of ~~Prisons~~ ^{CORRECTIONS}

CURRENT Job description
The Harnman State Campus Bldg 2 1220 Washington Ave
CURRENT WORK Address
Albany NEW YORK 12226-2050

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

STEPHEN URBANSKI
 First Name Last Name Shield #
 DEPUTY SUPT OF SECURITY
 Current Job Title (or other identifying information)
 (F.C.F.) 271 Mattawan Rd, P.O. Box 1245
 Current Work Address
 Beacon NY 12508
 County, City State Zip Code

Defendant 2:

ISSA YUNES
 First Name Last Name Shield #
 CORRECTIONAL OFFICER
 Current Job Title (or other identifying information)
 (F.C.F.) 271 Mattawan Rd, P.O. Box 1245
 Current Work Address
 Beacon NY 12508
 County, City State Zip Code

Defendant 3:

JOSEPH DEACON
 First Name Last Name Shield #
 CORRECTIONS SERGEANT
 Current Job Title (or other identifying information)
 F.C.F. 271 Mattawan Rd, P.O. Box 1245
 Current Work Address
 Beacon NY 12508
 County, City State Zip Code

Defendant 4:

MARK DELBIANCO
 First Name Last Name Shield #
 CORRECTIONAL OFFICER
 Current Job Title (or other identifying information)
 (F.C.F.) 271 Mattawan Rd, P.O. Box 1245
 Current Work Address
 Beacon NY 12508
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: FISHKILL CORRECTIONAL FACILITY 21^A KL YARD

Date(s) of occurrence: JUNE 14th, 2020

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On ~~the~~^{the} fourteenth day of June^{of} this year I was fully restrained with other inmates in 21A keeplock yard an inmate whom I had past issues with managed to slip out of his waist chains and commence beating me with the lock^s connected & as well as the chain. I suffered swelling, abrasion's, most serious a cracked skull. Officer YUNES was our recreation officers he was less than 5 feet away from assault but did not intervene to cease my assault. DSS: URBANKI ISSUED a restraint order that deprived me of Recreation. ~~It~~ subjected me to bake in sun with one restroom & water break an hour & 15 minutes after I was escorted to yard with several others. Dept Frost of Admin failed & negligently didn't equip officer YUNES with O.C. or a walkie talkie showing NO concern of Procedures/precautions taking if/and when an occurrence like mine transpired Sgt. Deacon, Sat & watched my assault along with Minard & Walsh & Yunes instead of causing further injury them selves they waited for response team. At upon Arrival Sgt Deacon gave responding officer Delbriano an order to administer unnecessary VOF against me exposing my open bruising & cracked skull to the chemicals in O.C.

Sgt. Deacon as well as these officers involved in the use of force told multiple stories / versions & even left me being misled out of report my assault took place at around 9:28/9:29 According to the video of my assault obtained by (PLS) but injury report date & time of incident by F.C.F. Nurse CEBRON times incident at 10:05am At least 36 to 37 minutes after and examination at 10:20 am so that gap shows medical malpractice in tended to the serious wounds INJURIES: I've sustained I was left untreated for that gap (cont)

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

① 3cm laceration ② Scalp proximal to hairline
 ③ Swollen area ④ side back back of my head 7cm x 7cm
 ⑤ 2 superficial abrasions (hip & pelvis) 1cm x 1cm ⑥ Bilateral superficial abrasions on elbows ⑦ 2 superficial abrasions below ⑧ knee also hole in ⑨ shin ⑩ superficial abrasion ⑪ 3rd finger tip ⑫ 2 superficial abrasions ⑬ top. cleansed by nurse and sent to St. Lukes Hospital
 VI. RELIEF for X-Ray and to receive staples in my head.
 State briefly what money damages or other relief you want the court to order.

I want relief for INJURIES I sustained mental anguish I daily struggle with headaches for which I'm prescribed self care. hospital bills. most of all for violation of my equal rights under the constitution to be free from assault in prison under the scope care and custody of such individuals named condition of confinement which includes unnecessary use of force as to why I'm asking I be granted the sum of 2 million dollars. (2,000,000)

so its documented doc Nurse Cebon falsified

Medical Report ~~is~~ ~~is~~ is an effort to satisfy the time of treatment/Immediance of such treatment to my Injuries. First deputy Williams handed my failure to protect Gnewenel with no care once so over and over made a bold statement stating all and every precautions are taken to make sure restraints are not compromised yet I was beaten almost to death with those same uncompromised restraints not once did I receive an order of deprivation stating why could not have at least an hour of recreation to indulge in sports or work out & instead were fully restrained with others in baking sun with on restroom & water break at half time which is one hour 15 minutes for over a month my attacker also had/had violent documented incidents at F.C.F. at time of my assault which should of made his restraints sure for the safety of other prisoners as well as staff. Anthony Annucci either had no clue as

unconstitutional

To the harshness of confinement F.C.F. Displayed toward its inmates or learned of it and did nothing to stop my constitutional right from being violated which makes him an accomplice to the Assault and mistreatment I've sustained due to his failure as commissioner of corrections to oversee and supervised executive decisions involving employees an work ethic to ensure that they followed all steps of training during their hiring and upheld their positions respectfully. This lack of care of supervision to such said employees almost caused me my life. Very same day I was put in SHU with positive Covid 19 patients. My conditions of confinement was inhumane and I endured unnecessary use of force at a time I was injured and needed help delayed treatment & denied ~~my~~ the basic necessities.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>12-30-20</u>		<u>M. Brown</u>
Dated		Plaintiff's Signature
<u>MALIK</u>	<u>L</u>	<u>BROWN</u>
First Name	Middle Initial	Last Name
<u>MIDSTATE CORRECTIONAL FACILITY P.O. BOX 2500</u>		
Prison Address		
<u>MARCY</u>	<u>NEW YORK</u>	<u>13403</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 12-30-20

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

MALIK L BROWN

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

CV () ()

-against-

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

STEPHEN URBANSKI, ISSA YUNES,
JOSEPH DEACON, MARK DEIBIANCO
SHARON FROST, EMILY WILLIAMS, ALEXANDER MINARD
BRENDAN WALSH, DANIELE CEBRON, ANTHONY ANNUCCI
(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated?

☒ Yes

☐ No (If "No," go to Question 2.)

I am being held at:

MIDSTATE CORRECTIONAL FACILITY

Do you receive any payment from this institution? ☐ Yes ☒ No

Monthly amount: _____

If I am a prisoner, see 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. See 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed?

☐ Yes

☒ No

If "yes," my employer's name and address are:

Gross monthly pay or wages: N/A

If "no," what was your last date of employment? /

Gross monthly wages at the time: /

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment

☐ Yes

☒ No

(b) Rent payments, interest, or dividends

☐ Yes

☒ No

- (c) Pension, annuity, or life insurance payments ☐ Yes ☒ No
- (d) Disability or worker's compensation payments ☐ Yes ☒ No
- (e) Gifts or inheritances ☒ Yes ☐ No
- (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) ☐ Yes ☒ No
- (g) Any other sources ☐ Yes ☒ No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

my cousin sent me \$50.00 in early June. My little brother sent me \$300 in July which paid most of my surcharges and a friend of mine sent \$35.00 then another sent \$30.00

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?

I have no money as of now I rarely get money sent to me besides this year

5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

NO

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

NO

7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):

CM-Sister TM-Brother KK-Step daughter
IM-Sister Monan Brown - mother / sometimes

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

yes I owe surcharges to the court of Albany hospital fees at St. Peters in Albany as well as restitution for victim of my crime for which I'm sentenced

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

Dated DEC-30-2020

BROWN MALIK L

Name (Last, First, MI)

P.O. Box 2500

Address

(315) 768-8581

Telephone Number

Signature Mr. Brown

Signature

16A1000

Prison Identification # (if incarcerated)

MARCY NY

City State

13403-0216

E-mail Address (if available)

WWW.DOCCS-NY.GOV

MID-STATE CORRECTIONAL FACILITY

P.O. BOX 2500

MARCY NEW YORK 13403

NAME: MALIK BEAUN

DIN: 16A1000

Mid-State



neopost

12/31/2020

US POSTAGE \$000.653

FIRST CLASS MAIL

ZIP 13403

041L11251108

JSMB
3DNY

PRO SE INTAKE UNIT

Correctional Facility

United States District Court
Southern District of New York
300 PARKPLAS street
WHITE PLAINS, NY 10601

10501331140 0004

10501331140 0004

10501331140 0004

NEW YORK STATE
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
OFFENDER CORRESPONDENCE PROGRAM

NAME: Mark Brown DIN: 16A1000